

59th Medical Wing



U.S. AIR FORCE

59 MDW Cardiology Product Line Analysis

Information Brief **Clinic Response**

Presenter: Lt Col Chris
Thompson

Flight Commander

Date: 12 Oct 2004

Integrity - Service - Excellence



Overview

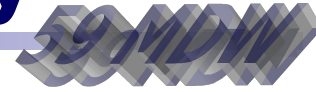


- Cardiology Product Line Analysis: Clinic Response
 - Fulfilling Obligations per the Business Plan
 - Productivity
 - Minimizing Network Leakage
 - Controlling the Market
 - Evaluation of SA Cardiology Market
 - Collaboration with BAMC



Areas of Concern

Business Plan: Productivity



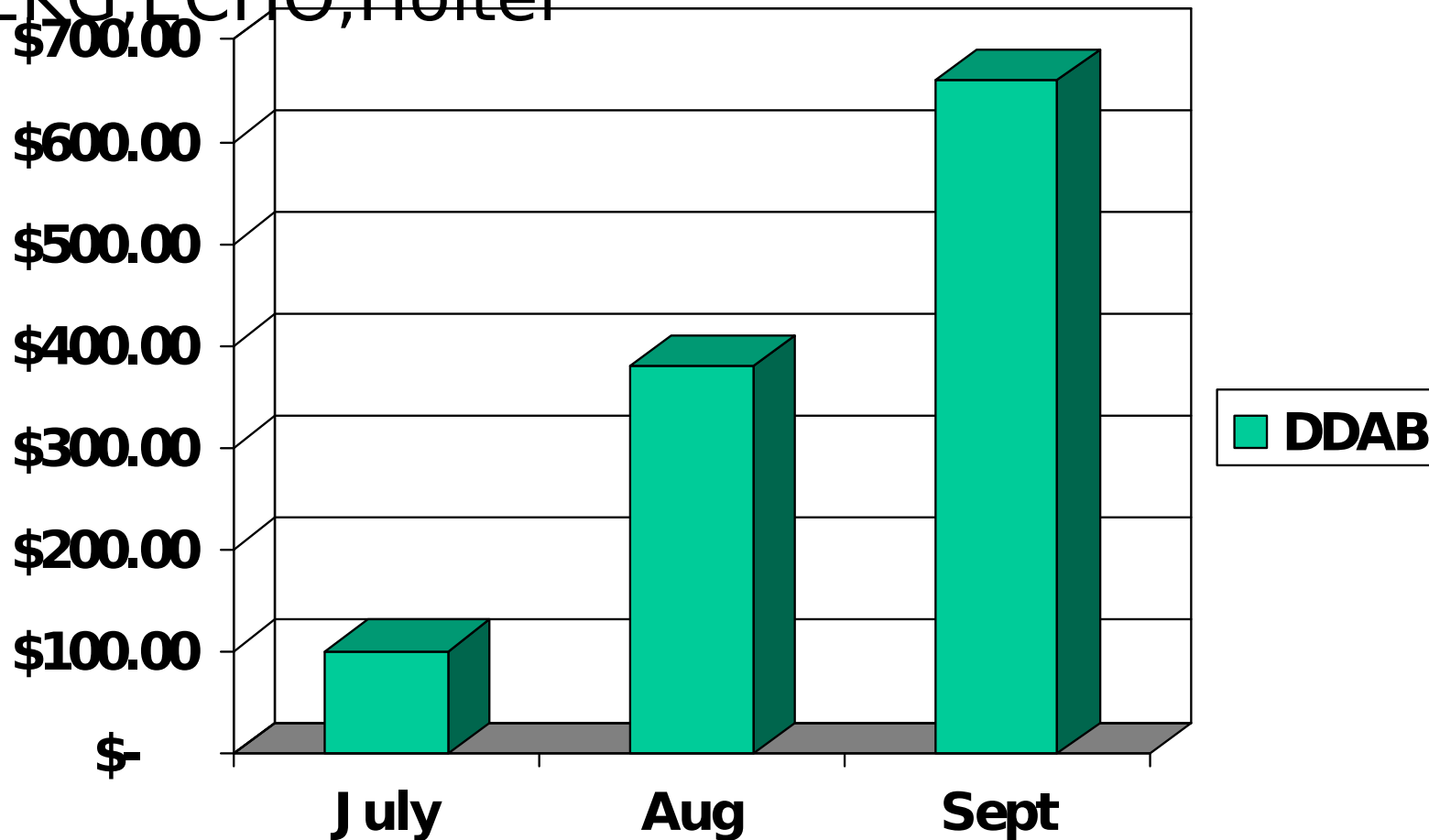
- Measuring Productivity
 - Coding/Billing Data Quality: EKG, ECHO, Holter
 - Working on issues of billing and coding, able to code EKG and Echo now
 - Have been coding
 - As these are non-count, so TPOC must bill manually
 - Manual billing initiated in August



Third Party Collection



- DDAB = physician reading of EKG, ECHO, Holter





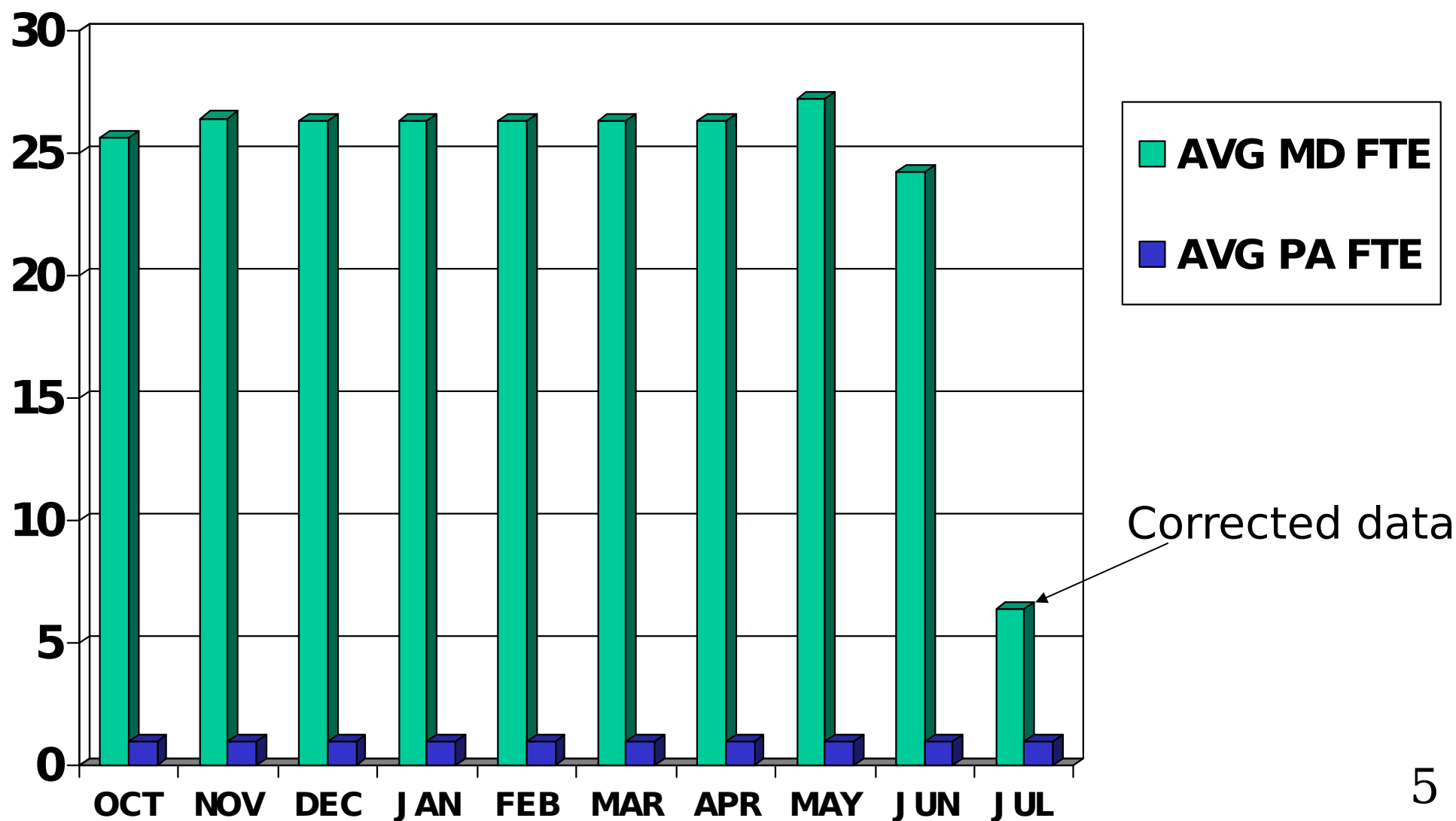
Areas of Concern

Business Plan: Productivity



9th MEDICAL WING

- MEPRS: Corrected to remove fellows and to count only BACA (clinic)

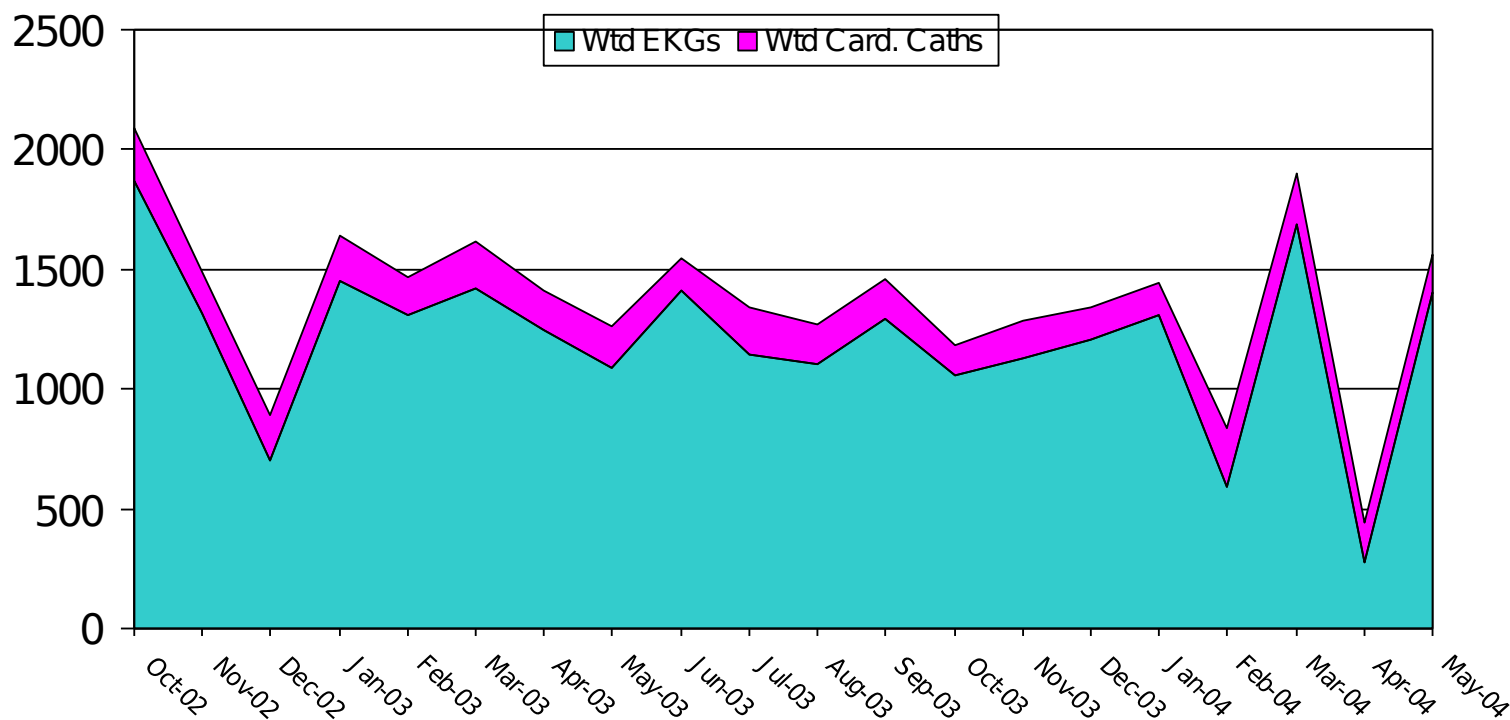




Weighted Procedures



Wtd Procedures Oct 02-Jun 04



- FY03 to 04
 - EKGs: down 10%
 - Cardiac Cath Proc: down 6%



Raw Data



CARDIOLOGY WORKLOAD SUMMARY	2004							
	J an	Feb	Mar	Apr	May	J un	J ul	Aug
EKG:								
12 Lead	637	679	674	691	651	741	636	675
Holter Monitor	49	43	54	52	44	46	36	59
Event Monitors	22	21	16	26	10	11	17	21
Signal Average								
TOTAL	708	743	744	769	705	798	689	755
CAPOC EKG'S/MUSE 2004	2619	3640	3949	3470	2830	3210	3859	3804
CATH LAB PROCEDURES	146	237	215	175	165	192	161	187

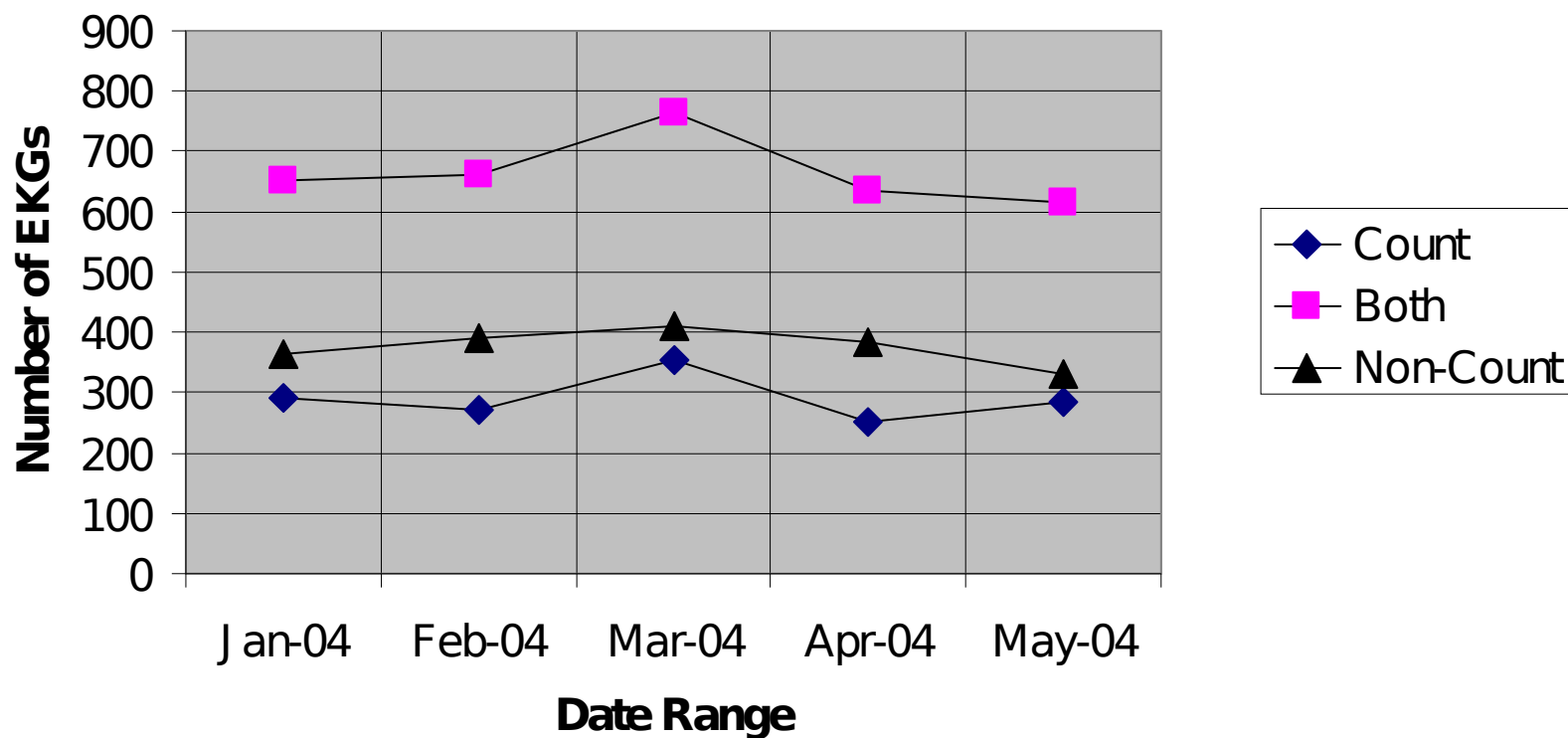
Data from EKG data base and cath lab log book



Our Weighted Procedure Data



EKG Analysis Using CPT 93000 and 93005



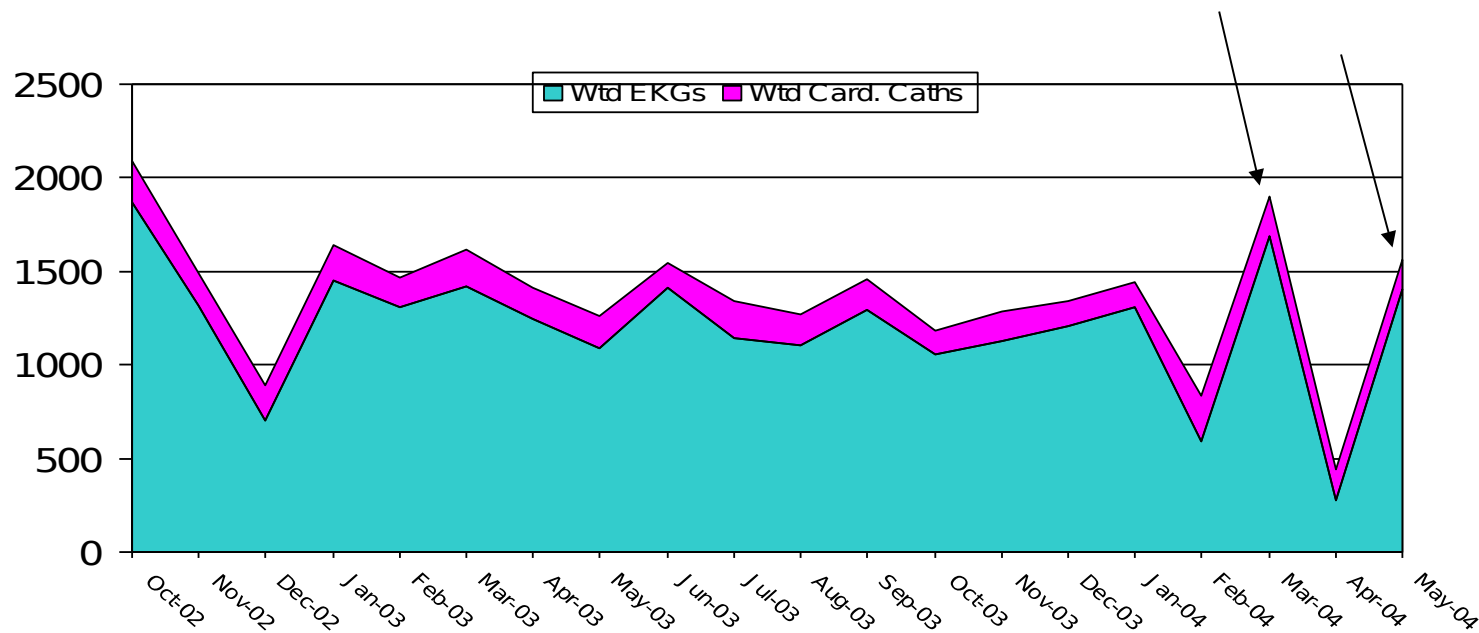


Explanation



9th MEDICAL WING

- Suspect sampled the given months “off cycle” shifting counts to next month





Areas of Concern: Manning



- Support Staff Manning (current GS vacancies)
 - Cath Lab Tech
 - Needed to improve critical manning shortfall
 - In jeopardy of civilian resignations
 - Working with 59th MSGG, prioritized number one GS hire
 - Expect clearance to hire today
 - ECHO Tech
 - Needed to prevent leakage of echocardiograms
 - Number 5 priority for 59th MSGG



Areas of Concern: Money



- Budget

- \$1M more required

- Advances in standard of care nationally/locally
 - Expansion of populations proven to benefit from defibrillators

Project 30% increase, translates to \$1M

- Equipment

- Digital ECHO system to increase provider efficiency
 - 601 package now at AFMOA
 - Expect approval FY 05
 - Free providers for additional RVU's



Controlling the Market



- Network Leakage
 - Lost 40 < 65 echocardiograms in 2004
 - Cost impact \$22,325
 - Much larger number of > 65 lost
 - GME and procedural volume impact
 - Will fix with echo tech hire
- Recapturing remaining 8% of the < 65 market
 - Cost \$266,000 in FY 2004
 - Reason for loss unknown- access vs. patient choice
 - WHMC at max for through put and meeting academic RVU/FTE
 - ? BAMC data



Controlling the Market



- Recapturing remaining 8% of the < 65 market
 - Cost \$266,000 in FY 2004
 - Reason for loss unknown- access vs. patient choice
 - WHMC
 - At maximum visit capacity for current manning
 - Meeting academic benchmark for RVU/FTE
 - BAMC
 - Have 12 staff physicians vs. our 8
 - Need to see RVU/FTE



SA Market Options













- Merging BAMC/WHMC cardiology at one MTF
 - Could be best option in long run
 - Avoid duplication
 - Optimize staffing
 - Improve efficiency
 - Optimize costs
 - Improve GME
 - Improve support services through better case volumes



SA Market



Feasibility: current capacity

	WHMC	BAMC
Clinic space		
Cath labs		
ICU beds		
OR time		
Dedicated CT surgery team		



SA Market



- Many related issues
 - Impact on other services
 - CT and Vascular surgery
 - Medicine and Surgery residencies
 - Other ICU services
 - Ward and telemetry beds
 - Cannot completely eliminate cardiology or cath lab at either hospital if still has inpatient services and an open ED



SA Market



- Merger of attending staff
 - Pros
 - More equal distribution of staff physicians between centers
 - Better integration/teaching
 - Easier deployment coverage
 - Does not require major changes to other areas
 - Cons
 - Increased travel time
 - Difficulty maintaining coverage of clinic and administrative duties while at sister MTF



Conclusions



- Cardiology has world class patient care and GME
- Fixing data issues as we identify
- Need to fill two open GS positions
- Need to increase budget
- Improved collections will help offset costs



Integrity - Service - Excellence